



501 S. Falkenburg, Suite A-7, Tampa, FL 33619 PH: (813) 662-6621 FX: (813) 662-0241

APPLICATION FOR CREDIT

DATE:		CREDIT LINE REQUESTED: \$	
COMPANY NAME:			
BILLING ADDRESS:		SHIP TO ADDRESS:	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP CODE:	STATE:	ZIP CODE:
PHONE #:		PHONE #:	
FAX #:		FAX #:	
FEDERAL ID #:		RESALE CERTIFICATE #:	
TYPE OF BUSINESS:			
DATE BUSINESS STARTED:			
CONTACT NAMES:			
PRINCIPAL OWNERS:		ACCOUNTS PAYABLE:	
PURCHASING AGENT:		ADVERTISING:	
BANK REFERENCE:			
NAME OF BANK:			
STREET:		ACCOUNT #:	
CITY:		PHONE #:	FAX #:
STATE:	ZIP CODE:	BANK CONTACT/OFFICER:	
TRADE REFERENCES:			
NAME OF COMPANY			
STREET:		ACCOUNT #:	
CITY:		PHONE #:	
STATE:	ZIP CODE:	FAX #:	
NAME OF COMPANY			
STREET:		ACCOUNT #:	
CITY:		PHONE #:	
STATE:	ZIP CODE:	FAX #:	
NAME OF COMPANY			
STREET:		ACCOUNT #:	
CITY:		PHONE #:	
STATE:	ZIP CODE:	FAX #:	
SIGNATURE		TITLE:	
PRINT NAME		DATE SIGNED:	
OFFICE USE ONLY AUTHORIZATION TO PROCESS APPLICATION		BY: _____ DATE: _____	



501 S. Falkenburg,
Suite A-7
Tampa, FL 33619
Telephone (813) 662-6621 Fax (813) 662-0241

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our references and bank to release any information necessary to assist in establishing a line of credit.

Firm Name: _____

Address: _____

City, State, Zip _____

Authorized By: _____

Signature Required

Print Name

Title: _____

Date: _____

Account Number: _____

(A copy of this form will be considered a bona fide authorization.)



CREDIT AGREEMENT: Your signature(s) means that in consideration of Bay Area Laser Printer & Fax Repair, Inc., or its Divisions hereinafter referred to as Bay Area Laser's, extending credit to you, you agree to the following terms of this agreement upon Bay Area Laser's approval of and in reliance upon this application for credit;

1. Bay Area Laser Printer & Fax Repair, Inc. will assign a credit line to you, and has the right to reduce or withdraw your credit privileges under this **CREDIT AGREEMENT** at any time without prior notice, except as otherwise provided by law.
2. Bay Area Laser Printer & Fax Repair, Inc. may permit you to purchase goods and/or services from a Bay Area Laser Printer & Fax Repair, Inc. outlet on credit. You agree that said purchases will be governed by the terms of this **CREDIT AGREEMENT**.
3. Invoices will be issued by Bay Area Laser Printer & Fax Repair, Inc. for purchases made under this **CREDIT AGREEMENT**. Payment of the purchase price shall be made pursuant to the terms set forth on each invoice. Bay Area Laser Printer & Fax Repair, Inc. may require you to sign the invoice at the time of ordering a credit purchase or at the time of delivery of the goods or services of the invoice whether or not you in fact sign the invoice. The date of shipment shall be deemed to be the date of invoice for purposes of payment and assessment of **LATE PAYMENT CHARGES**.
4. If you fail to pay Bay Area Laser Printer & Fax Repair, Inc. in accordance with this credit agreement, Bay Area Laser Printer & Fax Repair, Inc. has the right, subject to any right you have by law, to collect your default, to declare the entire balance of your account immediately due and payable. If any unpaid balance is referred to any attorney for collection, you will pay to the extent permitted by law, reasonable and accrued **LATE PAYMENT CHARGES** on said unpaid balance in accordance with the **LATE PAYMENT CHARGE RATE SCHEDULE**. YOU ALSO AGREE TO PAY ALL REASONABLE ATTORNEY'S FEES AND ALL COST INCURRED RELATING TO THE COLLECTION OF YOUR ACCOUNT.

LATE PAYMENT CHARGE will be computed on statement date on any invoice which falls in a past due position on the monthly closing date. This **LATE PAYMENT CHARGE** begins to accrue the day after the due date of the invoice. The **LATE PAYMENT CHARGE** is computed monthly on the outstanding balance past due after all payments and credits received by the closing date of the statement have been deducted. The **LATE PAYMENT CHARGE** will be computed based on the following rates, which are subject to change with proper notice to you. Monthly periodic rate of 1.5%, annual percentage rate of 18%, balance to which applied is entire balance.

My signature on the **CREDIT AGREEMENT** and my/our use of the account constitutes my/our consent to the terms and conditions of the account and the **CREDIT AGREEMENT**. Everything I have stated in this application is correct to the best of my knowledge. You are authorized to check my/our credit history, to answer questions about my/our credit experience, and to confirm the information on this application with my bank. I/we hereby acknowledge receipt of a copy of the **CREDIT AGREEMENT**.

Signed

Title

Date